MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09828448

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	1	1						51						
2								52						
3		1						53						
4								54						
5								55						
6		1						56						
7		1						57						
8								58						
9								59						
10		1						60						
11								61						
12		1						62						
13		1						63						
14	1							64						
15		1						65						
16								66						
17								67						
18								68						
19		1						69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25		1						75						
26		1						76						
27		1						77						
28	1							78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34		1						84						
35		1						85						
36	1							86						
37		1						87						
38		1						88						
39		1						89						
40		1						90						
41		1						91						
42		1						92						
43		1						93						
44	1							94						
45		1						95						
46		1						96						
47		1						97						
48		1						98						
49		1						99						
50								100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	19							TOTAL DEP.						
TOTAL CLAIMS	22							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS